

REQUEST FOR PATENT FEE REFUND

10/019840

1 Date of Request: 6-13-05

2 Serial/Patent # _____

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

<input checked="" type="checkbox"/> Filing	<input checked="" type="checkbox"/>	1/12/05	\$ 100
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

7 TOTAL AMOUNT
OF REFUND

\$ 100

8 TO BE REFUNDED BY:

☐ Treasury Check

☒ Credit Deposit A/C #:

9

1	5	--	0	0	3	0
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10 REASON:

☒ Overpayment

☒ Duplicate Payment

☐ No Fee Due (Explanation): _____

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Johnson

TITLE: paralegal

SIGNATURE: [Signature]

PHONE: 308-9140

OFFICE: PCT

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: